

## **EXHIBIT E**

Harleysville Mutual Insurance Company  
 Processing Center  
 355 Maple Avenue  
 Harleysville, PA 19441-0002  
[www.harleysvillegroup.com](http://www.harleysvillegroup.com)

Harleysville

LAYNE DREXEL  
 1910 OLD CAPITOL TR  
 NEWARK DE 19711

For assistance please contact your agent:  
 S. T. GOOD INSURANCE, INC.  
 at 800-531-1663

Dear Policyholder:

As a returning policyholder, we once again thank you for choosing us to handle your insurance needs and are pleased to have you as a customer. We trust the timely and professional service levels which we and your agent have provided in the past will enable us to retain you as a valued customer for many years to come.

We've changed the premium invoice to give it a new, easy to read format.

Your independent insurance agent's telephone number is shown above. Please refer to the reverse side of this statement for some additional important numbers you may need in the future.

Thank you for your business!

MPA812988	06/04 Commercial Package	1,175.00	357.50																																																		
	*Installment Fee	\$5.00																																																			
	<b>Totals</b>	<b>1,175.00</b>	<b>357.50</b>																																																		
<b>*If other than One-Pay selected</b>																																																					
<table> <thead> <tr> <th>Due Date</th> <th>One-Pay</th> <th>Two-Pay</th> <th>Four-Pay</th> <th>Five-Pay</th> </tr> </thead> <tbody> <tr> <td>07/08/03</td> <td>\$1,175.00</td> <td>\$592.50</td> <td>\$298.75</td> <td>\$246.00</td> </tr> <tr> <td>07/08/03</td> <td></td> <td></td> <td></td> <td>\$122.50</td> </tr> <tr> <td>08/08/03</td> <td></td> <td></td> <td>\$298.75</td> <td>\$122.50</td> </tr> <tr> <td>09/08/03</td> <td></td> <td></td> <td></td> <td>\$122.50</td> </tr> <tr> <td>10/08/03</td> <td></td> <td></td> <td></td> <td>\$122.50</td> </tr> <tr> <td>11/08/03</td> <td></td> <td>\$592.50</td> <td>\$298.75</td> <td>\$122.50</td> </tr> <tr> <td>12/08/03</td> <td></td> <td></td> <td></td> <td>\$122.50</td> </tr> <tr> <td>01/08/04</td> <td></td> <td></td> <td></td> <td>\$122.50</td> </tr> <tr> <td>02/08/04</td> <td></td> <td></td> <td>\$298.75</td> <td>\$122.50</td> </tr> </tbody> </table>				Due Date	One-Pay	Two-Pay	Four-Pay	Five-Pay	07/08/03	\$1,175.00	\$592.50	\$298.75	\$246.00	07/08/03				\$122.50	08/08/03			\$298.75	\$122.50	09/08/03				\$122.50	10/08/03				\$122.50	11/08/03		\$592.50	\$298.75	\$122.50	12/08/03				\$122.50	01/08/04				\$122.50	02/08/04			\$298.75	\$122.50
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<b>**** Payment will determine Pay Plan Selected ****</b>																																																					

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Harleysville

Please indicate account/policy number on check  
 and make payable to Harleysville Insurance.

Insured: LAYNE DREXEL

Detach and return this portion with your payment

Account/Policy: MPA 812988  
 DRE  
 Current Balance: \$1,175.00  
 Minimum Due: \$357.50  
 Due Date: 07/08/03  
 Minimum due must reach us by the due date

Amount Paid:

If your address has changed, please cross out the 'Y' below and write new address on back of stub.

EE 30

Y

0 4MPA812988 0117500 0035750 0024080

DR0606

**Important Phone Numbers to Call:**

Claims Reporting.....**800.892.8877**

Fraud Hotline.....**800.917.0055**

We have a toll-free hotline so you can report cases of suspected fraud directly to our company's Special Investigation Unit (SIU). Simply call our fraud hotline any time of the day or night if you learn of a claim or policy that warrants the SIU's attention. All information will be kept strictly confidential.

Please indicate any Name or Address changes below:

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